

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015267

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 29 Primary Registration District No. 4021 Registrar's No. 65

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Olathe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrisonville</u>		c. CITY OR TOWN <u>Olathe</u>	
Length of stay in 1b <u>19 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cass Co Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Cass Co Memorial Hospital</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MINNIE BELLE JEWELL</u>		4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 31 1878</u>
9. AGE (last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (City and state or country) <u>Cass Co Mo</u>
10a. KIND OF BUSINESS OR INDUSTRY <u>Private home</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Jewell</u>		13b. MOTHER'S MARDEN NAME <u>Sarah Swigant</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Valen Kitchcraft Harrisonville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u> DUE TO (b) <u>HYPERCHOLESTERIC HEART DISEASE</u> DUE TO (c) <u>UNKNOWN</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Harrisonville</u>	
20g. COUNTY <u>Mo</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>1962</u> to <u>May 4, 1963</u> and last saw <u>her</u> alive on <u>May 4, 1963</u> Death occurred <u>on</u> the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Harrisonville Mo</u>	
22c. DATE SIGNED <u>May 7, 1963</u>		22d. CITY, TOWN, OR COUNTY <u>Harrisonville Mo</u>	
23a. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 7 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23d. LOCATION (City, town, or county) <u>Harrisonville Mo</u>
24. FUNERAL DIRECTOR <u>Pennerburgas Harrisonville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-7-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ray J. Scher</u>		26. REGISTRAR'S SIGNATURE <u>Ray J. Scher</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

4B

OCT 22 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frank E. Remmenhug 34

Licensed Embalmer No. 5013

P. O. Address

Harrisonville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.